

United States Bankruptcy Court
Eastern District of Tennessee

In re **Janice Lynne Davis**

Debtor(s)

Case No. **3:16-bk-33409**
Chapter **7**

STATEMENT REGARDING PAYMENT ADVICES OR OTHER EVIDENCE OF PAYMENT

CERTIFICATION OF DEBTOR

I hereby certify under penalty of perjury that

- ☒ attached hereto are copies of all payment advices or other evidence of payment [such as paycheck stubs, direct deposit advices, statements of payment, etc.] that I have received from an employer within 60 days before the date of the filing of the petition, with all but the last four digits of the debtor's social security number redacted,*

or

- ☐ I did not receive any such documents from an employer within 60 days before the date of the filing of the petition.

CERTIFICATION OF JOINT DEBTOR

I hereby certify under penalty of perjury that

- ☐ attached hereto are copies of all payment advices or other evidence of payment [such as paycheck stubs, direct deposit advices, statements of payment, etc.] that I have received from an employer within 60 days before the date of the filing of the petition, with all but the last four digits of the debtor's social security number redacted,*

or

- ☐ I did not receive any such documents from an employer within 60 days before the date of the filing of the petition.

/s/ Janice Lynne Davis

[SIGNATURE OF DEBTOR]

Date: **November 16, 2016**

[SIGNATURE OF JOINT DEBTOR]

Date: _____

* Other evidence of payment may consist of the debtor's most recent paycheck stub showing year-to-date earnings if the debtor has worked the same job the last 60 days before the date of the filing of the petition.

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

BALL CAMP DENTAL LABORATORIES TIMOTHY J. MATHIS

Employee

Jenice L Davis, 1417 Eliejoy Road, Seymour, TN 37865

SSN

Status (Fed/State)
Single (none)

Pay Period: 10/11/2016 - 10/25/2016

Allocation
Fed 30.00
Pay Date 10/27/2016

14469

Earnings and Hours

	Hours	Rate	Current	YTD Amount
Hourly Regular Rate	51.30	12.00	616.00	3,351.00
Vacation Hourly Rate	24.00	12.00	288.00	384.00
	75.30		906.00	3,735.00

Taxes

	Current	YTD Amount
Medicare Employee Add'l Tax	0.00	
Federal Withholding	-103.00	-409.00
Social Security Employee	-56.12	-231.57
Medicare Employee	-13.14	-54.18
	-172.31	-694.73

Net Pay

733.69 3,040.27

Paid Time Off

	Earned	YTD Used	Available
Vacation	0.00	32.00	-32.00